


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. *02 f*

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use 	1. FILE NUMBER <b>049-498</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2000</b> Through <b>12 31 2000</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
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## IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

**PRODUCTION SERVICE AND SALES DISTRICT COUNCIL**

4. AFFILIATION OR ORGANIZATION NAME

**LOCAL**

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

**300-S**

7. UNIT NAME (if any)

**UFCW**

**AEL-CTD**

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)

Yes ☒ No

8. MAILING ADDRESS (Type or print in capital letters.)

First Name

**JAMES**

Last Name

**ROBINSON**

P.O. Box • Building and Room Number (if any)

Number and Street

**9201 4TH AVENUE**

City

**BROOKLYN**

State

ZIP Code + 4

**NY 11209-7006**

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	11	PRODUCTION SERVICE AND SALES DISTRICT COUNCIL HEALTH FUND #11-1889115
	11	PRODUCTION SERVICE AND SALES DISTRICT COUNCIL PENSION FUND #11-2006994
	13	OFFICE EQUIPMENT WAS LEFT AT FORMER PREMISES FOR DISPOSAL. EQUIPT. WAS OUTDATED AND HAD NO MARKET VALUE.
	14	ABE STEINBERG CPA - 50 MERRICK ROAD ROCKVILLE CENTRE N.Y. 11570

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:

**3 112 101**

Date

**(718) 491-4700**

Telephone Number

PRESIDENT  
(If other title,  
see instructions.)

77. SIGNED:

**3 112 101**

Date

**(718) 491-4700**

Telephone Number

**SECY**  
TREASURER  
(If other title,  
see instructions.)

## During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☒ ☐
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ ☐
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1657

19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2003

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 35000

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 16 <sup>00</sup> - 23 <sup>00</sup> per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 50
(c) Transfer Fees	\$
(d) Work Permits	\$ per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 049-498

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash .....		26,956	22,417
	26. Accounts Receivable .....		0	0
	27. Loans Receivable .....	1	0	0
	28. U.S. Treasury Securities .....		0	0
	29. Investments .....	2	0	0
	30. Fixed Assets .....	5	0	305
	31. Other Assets .....	3	0	0
	32. TOTAL ASSETS .....		26,956	22,722
LIABILITIES	33. Accounts Payable .....		0	0
	34. Loans Payable .....	8	0	0
	35. Mortgages Payable .....		0	0
	36. Other Liabilities .....	4	8,062	7,595
	37. TOTAL LIABILITIES .....		8,062	7,595
	38. NET ASSETS (Item 32 less Item 37) .....		18,894	15,127

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 049-498

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		400488	56. To Officers .....	9	77408
40. Per Capita Tax .....		0	57. To Employees .....	10	38480
41. Fees .....		0	58. Per Capita Tax .....		156418
42. Fines .....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments .....		0	60. Office & Administrative Expense ....	13	13687
44. Work Permits .....		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies .....		0	62. Professional Fees .....		9936
46. Interest .....		0	63. Benefits .....	11	25085
47. Dividends .....		0	64. Contributions, Gifts & Grants .....	12	1150
48. Rents .....		0	65. Supplies for Resale .....		0
49. Sale of Investments & Fixed Assets .....	6	0	66. Direct Taxes .....		10989
50. Loans Obtained .....	8	0	67. Withholding Taxes .....		44149
51. Repayments of Loans Made .....	1	0	68. Purchase of Investments & Fixed Assets .....	7	324
52. On Behalf of Affiliates for Transmittal to Them .....		5920	69. Loans Made .....	1	0
53. From Members for Disbursement on Their Behalf .....		0	70. Repayment of Loans Obtained .....	8	0
54. Other Receipts .....	14	131	71. To Affiliates of Funds Collected on Their Behalf .....		5992
55. TOTAL RECEIPTS .....		406539	72. On Behalf of Individual Members ...		0
			73. Other Disbursements .....	15	27460
			74. TOTAL DISBURSEMENTS .....		411078

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 049-498

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <div>             ↑ Item 27 Column (A)           </div> <div>             ↑ Item 69           </div> <div>             ↑ Item 51           </div> <div>             ↑ Item 75 with Explanation           </div> <div>             ↑ Item 27 Column (B)           </div> </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 049-498

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. DUE TO UFCW PENS. FD.	6064
2. PAYROLL TAXES PAYABLE	1531
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1595
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 049-498

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	324	19	305	305
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			305	

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in ..... Item 49

# **SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 049-498

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. FURNITURE- OFFICE	324	324	324
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		324
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <span style="margin-left: 100px;">↑ Item 34 Column (C)</span> <span style="margin-left: 100px;">↑ Item 50</span> <span style="margin-left: 100px;">↑ Item 70</span> <span style="margin-left: 100px;">↑ Item 75 with Explanation</span> <span style="margin-left: 100px;">↑ Item 34 Column (D)</span>					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 049-498

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
1. ROBINSON Title PRESIDENT	JAMES Status C		110184	0	1366	0	111550
2. EISS Title SECRETARY TREAS	FREDRIC Status C		0	0	0	0	0
3. TORRES Title VICE PRESIDENT	NYDIA Status C		0	0	0	0	0
4. VERA Title RECORDING SECY	FRED Status C		0	0	0	0	0
5. VENTURA Title	JESUS Status C		0	0	0	0	0
6.				0			
7.				0			
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			110184		1366		111550
Enter the Total from Line 11 in ..... Item 56 ⇒					10. Less Deductions 34142		
					11. Net Disbursements 77408		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 049-498

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: LASALLE First Name: ROBERT Position: ORGANIZER Name of Affiliated Organization:	46100	0	1992	0	48092
Last Name: First Name: Position: Name of Affiliated Organization:	0	0	0	0	0
Last Name: First Name: Position: Name of Affiliated Organization:	0	0	0	0	0
Last Name: First Name: Position: Name of Affiliated Organization:	0	0	0	0	0
Last Name: First Name: Position: Name of Affiliated Organization:	0	0	0	0	0
Last Name: First Name: Position: Name of Affiliated Organization:	0	0	0	0	0
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	46100	0	1992	0	48092
9. Less Deductions			9612		
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements 38480		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 049-498

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION BENEFITS	P.S.S.D.C PENSION FUND	8577
2. GROUP LIFE INSURANCE	ALLMERICA FIN; N. AMER BENEFITS	368
MEDICAL INSURANCE	BLUE CROSS/BLUE SHIELD	13723
3. PRESCRIPTIONS	GEN. PRESCRIPT. SVCE	1153
DISABILITY BENEFITS	MEMBERS	500
4. OPTICAL PLAN	MEMBERS	764
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		25085
Enter the Total from Line 6 in .....		↑ Item 63


# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. JLC NATL TRADE COUN	500
2. NOITU EDUCATION	200
3. FRIENDS OF R.D. CARLO	250
4. MUSEUM OF JEWISH HERITAGE	200
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1150
Enter the Total from Line 8 in ..... ↑ Item 64	

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**


Description (A)	Amount (B)
1. RENT	6112
2. TELEPHONE	4047
3. STATY PRINTING POSTAGE	3528
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	13687
Enter the Total from Line 8 in ..... ↑ Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. SUBPOENA FEE	15
2. FED. UNEMPL INS REFUND	116
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	131
Enter the Total from Line 17 in .....  Item 54	

FILE NUMBER: 049-498

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SERVICES RENDERED	21305
2. UNION DUES-REFUNDED	36
3. XMAS EXPENSES	5269
4. TOLLS, FEES	850
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	27460
Enter the Total from Line 17 in .....  Item 73	